Results: 217 IBD patients were included in the study. Twenty patients with previously known rheumatologic diseases were excluded from the study. 49 (24%) of the remaining 197 patients had a positive answer to at least one question in the DETAIL query. 39 (20%) of these patients were evaluated in the rheumatology clinic, and 16 (8.1%) of them were diagnosed with SpA (spondylitis: 9, peripheral arthritis: 7) (Figure 1). There were no significant differences in terms of age, gender, IBD type, duration of IBD, current treatment, fibromyalgia syndrome (FMS) and depression according to Beck depression inventory between patients with IBD with and without SpA (Table 1).

Table 1. Clinical, demographic characteristics of the IBD patients according to SpA.

	IBD with SpA n= 16	IBD without SpA n= 23	p
Age, years, median (IQR)	47.03 (27.4)	35.9 (14.1)	0.052
Female, n (%)	8 (50)	17 (74)	0.12
IBD disease duration, months, median (IQR)	66.7 (70.7)	44.8 (70)	0.26
IBD type, n (%)			
CD	6 (37)	11 (48)	0.19
UC	9 (56)	12 (52)	
IC	1 (7)		
Smoking (ever), n (%)	10 (62.5)	11 (48)	0.37
HLA-B27 positivity, n (%)	2 (12.5)	1 (4.3)	0.57
Current medication, n (%)			
- Steroid (oral and/or topical)	6 (37.5)	5 (21.7)	0.31
- 5-ASA	11 (68.8)	14 (61)	0.61
- Immunosuppressants (AZA, MTX)	6 (37.5)	8 (34.8)	0.86
- bDMARD	2 (12.5)	4 (17.4)	1
FMS, n (%)	1 (6.7)	3 (13)	1
Beck depression Inventory, level of depression, n (%)			
-minimal	1 (9)	5 (22)	0.13
-mild	8 (73)	7 (30)	
-moderate	2 (18)	9 (39)	
-severe	0	2 (9)	

Harvey-Bradshaw Index for CD disease activity and Mayo score for UC disease activity were used. SD: standard deviation, IQR: inter-quartile range. IBD: inflammatory bowel disease; SpA: Spondyloarthritis, bDMARD: biological disease modifying anti-rheumatic drug, CD: Crohn's disease, UC: Ulcerative colitis, IC: indeterminate colitis; HBI: Harvey-Bradshaw Index. ASA: 5-aminosalicylic acid; AZA: azathioprine; MTX: methotrexate; FMS: Fibromyalgia syndrome

Conclusion: By questioning the musculoskeletal system in IBD patients, 20% of the patients were evaluated in the rheumatology department, and nearly half of these patients (8%) were diagnosed with SpA. The findings point to the importance of musculoskeletal symptom questioning in routine outpatient clinic control in IBD patients.

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Figure 1 Flow chart of IBD patients in the study

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AB0492

DETERMINING FACTORS RELATED TO POOR QUALITY OF LIFE IN PATIENTS WITH SPONDYLOARTHRITIS: A REAL LIFE STUDY

M. Ben Majdoub¹, S. Boussaid¹, S. Rekik¹, S. Jemmal¹, H. Ajlani¹, H. Sahli¹, M. Elleuch¹, ¹La Rabta hospital, Rheumatology, Tunis, Tunisia

Background: When treating people with spondyloarthritis (SA), rheumatologists are focused on reducing disease activity based on activity measurement scores; but there may be other factors not directly captured by these tools, which impact on quality of life.

Objectives: We aim to identify factors associated with poor quality of life in patients with spondyloarthritis.

Methods: A cross-sectional study was performed in 100 patients with spondyloarthritis. Data on sociodemographic and disease characteristics were collected as well as specific scores: Visual analogue scale (VAS) for fatigue and pain, Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), Ankylosing Spondylitis Disease Activity Score with CRP (ASDAS-CRP), Bath Ankylosing Spondylitis Function Index (BASFI) and Bath Ankylosing Spondylitis Metrology Index (BASMI). EuroQol-5D (EQ5D) was used to assess health-related quality of life.

Results: A total of 100 Patients were enrolled (73 men and 27 women); the mean age was 43.68 ± 10.3 years. Thirteen percent of patients had high level of education (> 12 years), 47% had BMI ≥ 25 and 47% were smoking. Sixty seven percent of patients had ankylosing spondylitis, 17% had rheumatism associated with inflammatory bowel disease and 16% had psoriatic rheumatism. The average disease duration was 12.24 ± 8.73 years. Mean age at onset was 33.2 ± 10 years. The average diagnostic delay was 2.41 ± 3 years. Sacroiliac pain has been noted in 69 patients, lumbar or cervical stiffness in 78 patients and peripheral joint involvement in 18 cases. Thirty one percent of patients had hip joint involvement and 49% had extra-articular manifestation. Fifty percent had inflammatory biological syndrome, 63% were treated with anti-TNF α and 58% needed symptomatic treatment regularly. The mean fatigue and pain VAS was respectively 5.58 ± 2.5 and 5.56 ± 2.9 . The mean BASDAI was 4.4 ± 2.4 , the average BASFI was 4.6 ± 2.7 and the average ASDAS-CRP was 2.77 ± 1.18 . The mean BASMI was 4.4 ± 2.8 . EQ5D questionnaire showed that: 37 patients had no problems with mobility, 61 had some problems and two had extreme problems; 39 patients had no problems with self-care, 55 had some problems and six had extreme problems; 35 patients had no problems with performing usual activities, 60 had some problems and five had extreme problems; 13 patients had no pain or discomfort, 61 had moderate pain or discomfort and 26 had important pain or discomfort; 42 patients had no anxiety or depression, 46 had moderate anxiety or depression and 12 had extreme anxiety or depression. The mean EQ5D score was 0.485 ± 0.378 [-0.448-1] and the mean general health EQ5D VAS was $59 \pm 25\%$ [7-100]. Poor quality of life was associated with smoking ($p=0.03$), physical inactivity ($p<0.001$), cervical and lumbar stiffness ($p=0.001$), peripheral joint involvement ($p=0.006$), inflammatory biological syndrome ($p<0.001$), need of symptomatic treatment ($p<0.001$), BASDAI > 4 ($p<0.001$), ASDAS > 2.1 ($p<0.001$), BASFI > 4 ($p<0.001$) and BASMI > 4 ($p<0.001$).

Conclusion: Active disease and reduced physical function are the main causes of poor quality of life in patients with spondyloarthritis. Good disease management, smoking cessation and encouragement of physical activity can potentially improve patients' quality of life.

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AB0493

WHAT IS THE DIAGNOSTIC VALUE OF IMPAIRED SPINAL MOBILITY MEASUREMENTS IN INFLAMMATORY BACK PAIN PATIENTS? DATA FROM THE DESIR COHORT

C. Lukas^{1,2}, G. Khoury³, M. A. D'agostino^{4,5}, B. Combe^{1,2}, J. Morel^{2,6}, ¹University Montpellier, IDESP, Montpellier, France; ²University hospital Montpellier, Rheumatology, Montpellier, France; ³University hospital Montpellier, rheumatology, Montpellier, France; ⁴University Paris Ouest-Versailles-Saint-Quentin-en-Yvelines, Rheumatology, Boulogne Billancourt, France; ⁵Ambroise Pare Hospital, Rheumatology, Boulogne Billancourt, France; ⁶University Montpellier, IGMM, Montpellier, France

Background: The diagnostic process in a patient with early inflammatory back pain suggestive of axial spondyloarthritis (ax-SpA) requires assessment and integration of multiple aspects, including clinical examination, biological measurements and radiologic assessments. Among the physical examination features, alteration of spinal mobility is often observed in ax-SpA. However,